

Telephone Triage: An Innovation for Efficiency in Jail Health Care

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The word “triage,” like the word “ombudsman,” has come to have a variety of meanings depending on the setting in which it is used. Triage is, of course, not a new concept. The word itself, which is French for sorting or choosing, was introduced into English during World War I to describe a system used by medical professionals to classify the wounded into three groups:

- those too severely wounded to survive;
- those would recover even without treatment; and
- those who would survive only with immediate help.

Obviously, it was the third group that received priority treatment.

This practice of providing care based on a determination of those with the most urgent need is used in emergency rooms nationwide. Kaiser Permanente, one of the country's oldest health maintenance organiza-

tions (HMOs), adopted the concept under the term “advice nurse.”

Given the finite pool of medical resources, it is easy to understand the appeal of this practice. To make maximum use of limited resources it is necessary to protect them from frivolous or unwarranted use. At the same time, it is important to protect the health consumer from an arbitrary denial of access to services. The triage approach is a natural way to meet this combined and seemingly contradictory need.

Triage's decision-tree process has traditionally been applied to providing urgent or emergency services. Its application to routine care was a revolutionary step; it was even more revolutionary to introduce this concept into the correctional health care system.

Before the National Commission on Correctional Health Care articulated nationally accepted standards of care, the provision of health services in corrections was, in the main, disjointed. With

Constitutional level of care. This commitment was capped by the drive for national accreditation on the part of correctional systems around the country.

However, the economy took a precipitous downturn in the late '80s, placing an enormous burden on states and local governments to cut expenditures. Nowhere was this requirement to trim budgets felt more acutely than in corrections. It cut across program lines, often in the face of court-ordered mandates to preserve the integrity of programs and provide services.

As often happens, however, adversity stimulated creativity. This was the case in Contra Costa County, California, with an inmate population of approximately 1200, where deep cuts in mandated services were necessitated by reduced revenues. Among the methods proposed for cutting health manpower costs in the county's jails was “telephone triage.”

Nurses' telephone screening of inmates' health complaints ensures access to proper care while cutting health care personnel costs.

tional health care providers began to spend substantial resources and effort to ensure a

Setting up the telephone triage system was quite straightforward. Dedicated phone lines were established between the housing units and the medical department. Medical services staff, with input from custody staff, then allocated times when each housing unit's phone would be activated.

During the designated times, a triage or "advice" nurse receives calls and triages them for the level of need, based on the timeliness of intervention required. Emergency problems are handled outside the triage system, through the unit officer.

Each regular call is assessed based on structured, written protocols. The nurse may give instructions for self-care or write nursing orders and make an appointment for the patient for clinic screening or sick call. If

physical information is needed, a clinic nurse obtains it and confers with the advice nurse for disposition. The triage policy spells out appointment schedules on a priority needs basis for non-emergency cases requiring care by medical staff. Categories are:

- Urgent—given the next available appointment;
- chart check—seen the next sick call day; and
- Routine—seen within two weeks.

Structured protocols and a standard triage form ensure that consistent information is obtained no matter who is responding. Nursing staff can now effectively manage many complaints that were formerly handled at sick call, which required

more costly resources. Seeing inmates who do need sick call visits requires less time than before because a better database exists. Documentation and patient follow-up have also improved.

The triage system has been very successful. Within the past three months, it has been instituted at another county facility and is slated for a third facility later in the year. The telephone triage system has proven effective in addressing the continuing problem of declining revenues and finite health care resources in the jail setting.

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The Triage Screening Process

